

Exhibit 7

**DRAFT
Merit SPD
Plain Language
PMD**

Effective January 1, 2003

WELCOME

All of us at Blue Cross and Blue Shield of Alabama pledge to you we will provide the best service we can in the administration of your group health plan. The following information summarizes your group's benefits. It also summarizes conditions, limitations, and exclusions to those benefits. There are sections explaining eligibility and defining certain words, too. Please be sure to read this information in its entirety. This information is a "summary plan description" or "plan" as defined by ERISA, the Employee Retirement Income Security Act of 1974 as amended.

Blue Cross and Blue Shield of Alabama is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. The Blue Cross and Blue Shield Association permits us to use the Blue Cross and Blue Shield service marks in the state of Alabama. Blue Cross and Blue Shield of Alabama is not acting as an agent of the Association. No representation is made that any organization other than Blue Cross and Blue Shield of Alabama and your employer will be responsible for honoring this contract. The purpose of this paragraph is for legal clarification; it does not add additional obligations on the part of Blue Cross and Blue Shield of Alabama not created under the original agreement.

If you have any questions which the person in your company who deals with employee benefits cannot answer, please contact the Blue Cross and Blue Shield of Alabama Customer Service Department.

Attention Please

This booklet contains a summary in English of your plan rights and benefits. If you have difficulty understanding any part of this booklet, contact Blue Cross and Blue Shield of Alabama's Customer Service Department at 1-800-292-8868 (or the group's dedicated Customer Service number). Office hours for Customer Service are from 8:00 am to 5:00 p.m. Monday through Friday, CST (Central Standard Time). You may also contact your plan administrator or employer's benefit office for more information.

Atencion Por Favor - Spanish

Este folleto contiene un resumen en Ingles de su beneficios y derechos del plan. Si usted tiene Este folleto entendiendo cual quier parte de este informacion, por favor ponese en contacto con el Departamento de Servicio Cliente de Blue Cross y Blue Shield de Alabama a 1-800-292-8868, o al gratis numero del telefono localizado detras de su tarjeta de identificacion de Blue Cross y Blue Shield de Alabama. Las horas del oficina son Lunes hasta Viernes, 8:00 am hasta 5:00 p.m. central normal corriente tiempo. Tambien puede ponerse en contacto con su administrador del plan o la oficina del beneficio de su patron para mas informacion.

Group Number (Mer1a - PAC-Hosp-PMD/X50-EPS-MM-MGC,8/29/97,10/01/03)

Your PMD physician or other Preferred or Participating Provider may bill another group health plan for any difference between the amount we pay and his charge for any service which is a benefit of this plan.

PMD Preventive Services

1. Routine immunizations to prevent diphtheria, tetanus, pertussis, polio, rubella, mumps, measles, Hib (meningitis, epiglottitis and joint infections), hepatitis B, chicken pox and invasive pneumococcal disease in children during the first two years of life.
2. Inpatient visits by a PMD for routine newborn care;
3. One routine pap smear a year for females;
4. One baseline mammogram for females age 35-39; one mammogram a year for age 40 and over (limits may not apply if you have a family history of breast cancer);
5. One prostate specific antigen test each year for males age 40 and over;
6. One PMD office visit a year when combined with a routine pap smear, mammogram or prostate screening (subject to copay);
7. Nine office visits for the first two years of a baby's life; annual exams for ages two through six (subject to copay).

Major Medical Prescription Drug Point-of-Sale Benefits

1. In Alabama benefits are only for prescriptions purchased from Participating Alabama Pharmacies. Prescriptions purchased from Non-Participating Pharmacies in Alabama are not covered. Participating Pharmacies give you a number which you must give us when you file your drug claim. We call the number a "Claim Authorization Number."
2. To be eligible for benefits, drugs must be legend drugs prescribed by a physician and dispensed by a licensed pharmacist. Legend drugs are medicines which must by law be labeled, "Caution: Federal Law prohibits dispensing without a prescription." Oral contraceptives qualify for benefits when prescribed for a medical condition but not when prescribed for birth control.
3. Drugs can be dispensed in a maximum of a 90 day supply for each drug or refill. Refills are allowed only after 50% of the previous prescription has been used, e.g., 15 days into a 30 day supply.
4. Insulin may be dispensed up to a 90 day supply. Syringes and needles for insulin doses are also covered up to a 90 day supply.
5. Drugs dispensed from Non-Participating Pharmacies outside of Alabama have the same benefits as drugs dispensed from Participating Pharmacies. If you use a Non-Participating Pharmacy you must pay any difference above the amount we would pay a Participating Pharmacy and you must file the claim; we will pay you direct. Please see the "Filing A Claim" section.

Major Medical Benefits

1. Semiprivate room and board, general nursing care, and all necessary hospital services and supplies when your inpatient hospital benefits are all used.
2. \$5 a day for hospital room and board for a private hospital room.
3. Outpatient hospital services.
4. Anesthesia for surgery or obstetrical care when given by other than the surgeon, obstetrician or hospital employee.